Wyoming Department of Health

Public Health Emergency Preparedness Program



2009-2010 Annual Summary Report



PUBLIC HEALTH EMERGENCY PREPAREDNESS PROGRAM

The Public Health Emergency Preparedness Program contributes to the quality of life in Wyoming by upgrading and integrating State, Tribal and local jurisdictions' public health preparedness for, response to and recovery from all hazards emergencies.

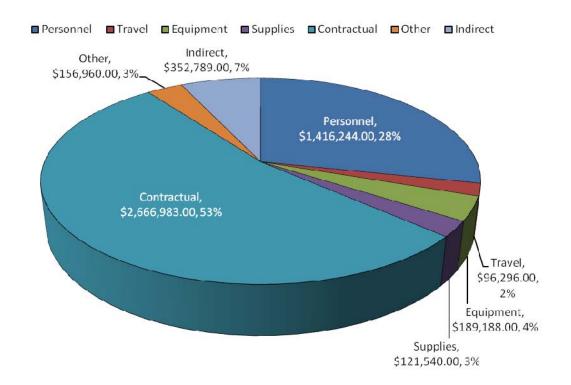
PREPAREDNESS GOALS

- Goal 1: Increase the use and development of interventions known to prevent human illness from chemical, biological, radiological agents and naturally occurring health threats.
- Goal 2: Decrease the time needed to classify health events as terrorism or naturally occurring in partnership with other agencies.
- Goal 3: Decrease the time needed to detect and report chemical, biological, radiological agents in tissue, food or environmental samples that cause threats to the public's health.
- Goal 4: Improve the timeliness and accuracy of communications regarding threats to the public's health.
- Goal 5: Decrease the time to identify causes, risk factors, and appropriate interventions for those affected by threats to the public's health.
- Goal 6: Decrease the time needed to provide countermeasures and health guidance to those affected by threats to the public's health.
- Goal 7: Decrease the time needed to restore health services and environmental safety to pre-event levels.
- Goal 8: Improve the long-term follow-up provided to those affected by threats to the public's health.
- Goal 9: Decrease the time needed to implement recommendations from after-action reports following threats to the public's health.

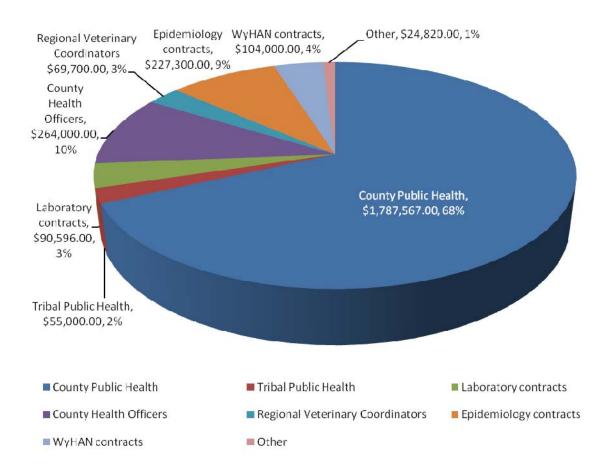
FUNDING

The Wyoming Department of Health (WDH), Public Health Emergency Preparedness Program (PHEP) receives funding annually through a cooperative agreement from the Centers for Disease Control and Prevention (CDC) to support all hazards public health emergency preparedness by state, local and tribal public health agencies and partners. This report covers the award period from August 10, 2009 through August 9, 2010. During the 2009-2010 budget year WDH received \$5,000,000 for public health emergency preparedness activities. WDH also received supplemental funding for preparedness and response to the 2009 Novel H1N1 Pandemic and pandemic influenza in the amount of \$5,466,412. Both awards were extended for an additional year (to August 9, 2011 for PHEP and July 30, 2011 for H1N1 funding); therefore, final expenditures will be reported in future annual reports.

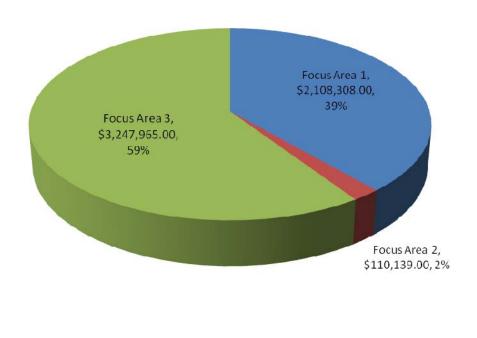
2009-2010 Budget by Category (\$5,000,000):



2009-2010 Budget Contracts:



2009-2010 Funding for H1N1 and pandemic influenza preparedness and response:



■ Focus Area 1 ■ Focus Area 2 ■ Focus Area 3

The purpose of this funding was to support and enhance the state and local public health infrastructure in the following areas:

Focus Area 1: Planning activities for vaccination, antiviral

distribution/dispensing and administration, risk communication, and community mitigation

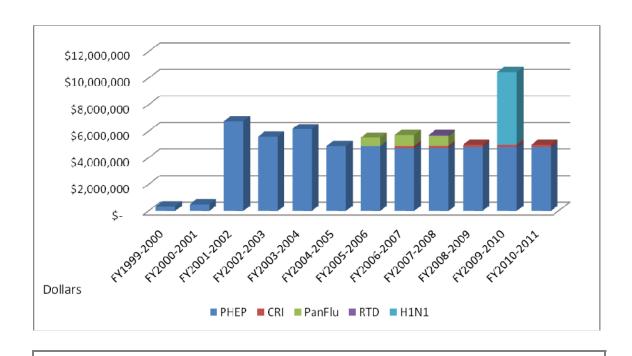
Focus Area 2: Planning activities for laboratory, epidemiology and

surveillance

Focus Area 3: Response activities for the implementation of the 2009 H1N1

influenza mass vaccination campaign

Public Health Emergency Preparedness Funding History 1999-2011



Funding Descriptions:

- PHEP- Public Health Emergency Preparedness Funding, previously known as Bioterrorism
 - **CRI-** Cities Readiness Initiative Funding, pass through funding to Cheyenne Laramie County Health Department and Casper Natrona County Health Department
- **PanFlu-** Pandemic Influenza Preparedness Funding, 3 year supplemental funding
 - **RTD-** Real-time Disease Funding, one time supplemental funding that supported work with the Regional Poison Control Center
 - **H1N1-** One time supplemental funding made available for planning and response to the Novel H1N1 Influenza Pandemic in 2009-2010

PLANNING

"Plans are Nothing; Planning is Everything." Dwight D. Eisenhower, President of the United States, 1953 - 1961, and General of the (U.S.) Army, 1944 – 1952.

As the chief architect of Operation Overlord on June 6, 1944, then General Eisenhower knew and understood that the planning process would provide an initial concept vital to success, as well as providing a framework from which contingencies could be developed to manage the situation as the events of the next hours and days unfolded. Additionally, the planning process would unveil the required resources and logistical assets necessary to sustain operations; as well as the training and exercise requirements necessary to develop competence, confidence, and skills before the actual event took place.

In today's environment, two events standout as our D-Day, the unprovoked attacks on New York City and Washington, D.C, on September 11, 2001, and Hurricane Katrina and its aftermath of August 29, 2005. These two events signaled the need for government to develop, maintain, exercise, and train to plans developed based on the All Hazard doctrine and practices of the Federal Emergency Management Agency (FEMA).

Ensuring that the WDH has the plans necessary to respond to any disaster is the responsibility of PHEP. Through inter- and intra-agency working groups, the following plans have been developed:

- Emergency Operations Plan (EOP)
- Continuity of Operations Plan (COOP)
- Pandemic Influenza COOP Plan (PI COOP)
- Smallpox Response Plan
- Epidemiologic Response Plan
- Radiological Response Plan
- Strategic National Stockpile Plan
- Public Health Pandemic Influenza Response Plan
- WDH coordinated and wrote the update of Emergency Support Function (ESF) #8-Public Health and Medical Services to the Wyoming Response Plan

Planning is not a static process. Plans evolve and are refined throughout their life cycle based on new capabilities and lessons learned from real world events and exercises. New plans are also identified and developed, based on need.

STRATEGIC NATIONAL STOCKPILE

The Strategic National Stockpile (SNS) is a cache of critical medical supplies designed to supplement and resupply state and local public health agencies, hospitals and alternate care sites in a public health emergency.

The goal is to deliver SNS lifesaving pharmaceuticals to any state identified warehouse within 12 hours once the federal decision to deploy is made. The Division of Strategic National Stockpile (DSNS), within CDC, manages the SNS program through close coordination between a wide variety of federal, state, regional and local emergency response agencies and entities. The success of this effort also greatly depends on collaboration with counties, which are responsible for developing their own plans to receive and distribute SNS supplies within their communities.

The DSNS employs multiple means of maintaining and supplying the SNS supplies for a public health emergency. Integral to the program's response capability is the "12-hour push package." This is a pre-designed, rapid response, package formulated to treat up to 500,000 people, which contains a supply of medications, medical supplies and equipment necessary to counter the effects of biological pathogens and chemical agents, as well as natural/man-made disasters.

The DSNS also maintains managed inventory (MI) and vendor-managed inventory (VMI) by contracting with vendors to supply additional medications and medical supplies in addition to those found in the 12-hour push package. The WDH PHEP coordinates with state and county partners to disseminate these supplies rapidly should a public health emergency occur.

WDH partners with a state full time warehouse to set up and operate the Receive, Stage and Store (RSS) site, where SNS medications would first arrive and be packaged for distribution to county public health before being moved to dispensing sites in affected areas.

All county public health agencies have plans in place and are capable of opening and staffing points of dispensing (POD) sites in their jurisdiction to dispense emergency medications to residents within a few hours after receiving SNS assets. PHEP staff work closely with all areas of the state to identify needed resources and tools to assist county public health to maintain and/or enhance county planning efforts. PHEP sponsors workshops and focused training events to meet any identified gaps in county planning efforts.

To maintain a high level of preparedness, various types of exercises and drills are conducted to test state and county capabilities for effective distribution and dispensing of SNS resources. One such exercise was a multi-jurisdictional regional exercise held in Laramie, Wyoming. This exercise, the Wyoming Anthrax Response Exercise Series (ARES), brought together local, state, regional, federal and private stake holders in preparation for a biological threat within the State of Wyoming. It was designed to demonstrate planning and preparedness capabilities, and how several jurisdictions would handle various incident command and control issues while responding to a bioterrorism emergency.

Cities Readiness Initiative

The Cities Readiness Initiative (CRI) program was developed to prepare urban areas for the possible distribution of an aerosolized biological agent. Response to the release of an aerosolized biological agent would require distribution of initial doses of prophylactic antibiotics to very large numbers of exposed persons within 48 hours. CDC selected cities across the nation to become part of the CRI program, which is part of the larger SNS program. In Wyoming, Casper and Cheyenne participate in the CRI program. Both cities began receiving CRI funding in late 2006 and have made great strides in SNS planning. PHEP works closely with these cities as role models to develop planning and operational guidance that can be shared across the state.

To assess the ongoing readiness level at the state and county levels and to assure that federal funding is being used properly and prudently, CDC reviews State and CRI SNS plans using a standardized Technical Assistance Review (TAR) tool. The tool consists of 13 planning elements such as Management of SNS; Tactical Communication Planning; Security; Dispensing Prophylaxis; and Public Information and Communication. After the most recent TAR assessment; the State received an overall score of 98, Cheyenne received a CRI score of 84 and Casper a CRI score of 71 (all out of a possible 100 points).

CHEMPAK

Wyoming must be prepared to mount a swift and effective response to acts of terrorism involving nerve agents, as well as situations involving accidental releases of organophosphates, to minimize potential loss of life. To better prepare for a chemical weapon attack, CDC developed a program within SNS called CHEMPACK. Through this special program, large quantities of

antidotes to chemical exposure have been prepositioned in states to make them readily accessible in an emergency.

Wyoming has CHEMPACK resources prepositioned in 5 locations. PHEP works with responders and partner agencies throughout the state to develop plans and protocols for rapid deployment and use of the supplies.

State Stockpiles

PHEP maintains stockpiles of antibiotics (Amoxicillin, Ciprofloxacin, Doxycycline), Diethylenetriamine Pentaacetic Acid (DTPA), antiviral medications (Tamiflu) and personal protective equipment. The antibiotics (approximately 5600 10 day supply courses) are cached to provide prophylaxis to essential personnel and their family members following the intentional release of a biological agent. The capability to provide prophylaxis to responders and their families will help ensure essential personnel will respond during this type of event.

DTPA, is a chelating agent used for treatment of patients exposed to internal radiation contamination resulting from radiological terrorism. The DTPA cache is designed to initially treat victims while additional supplies are being delivered from the SNS. The FDA has approved Ca-and Zn-DTPA (based on animal and human studies) for treatment of individuals with known or suspected internal contamination with plutonium, americium, or curium. DTPA is most effective when administered within the first 8 – 12 hours after known or suspected internal contamination of plutonium, americium, or curium has occurred and is available to hospitals upon request from the WDH.

Upon imminence of an influenza pandemic in the United States and because vaccine will likely not be available for a period of time when the novel virus first affects communities, antivirals may play an important role in the control and prevention of influenza. Wyoming has purchased approximately 75,000 treatment courses of oseltamivir (Tamiflu). These resources combined with Wyoming's share of antivirals in the Strategic National Stockpile, provide Wyoming a total antiviral stockpile to treat approximately one fourth the state's population. As part of the WDH Pandemic Influenza Response Plan, WDH has developed four long term pharmaceutical storage compliant locations to facilitate the secure stockpiling of the State Purchased Antivirals.

PHEP also maintains a supply of personal protective equipment (PPE) for PHEP, WDH Infectious Disease Program Epidemiologists and other WDH staff who may be deployed to a biological incident somewhere in Wyoming. Protective equipment includes various types and sizes of N-95 respirators, several types and sizes of surgical and procedure masks and various sizes of latex and nitrile gloves.

Doses Administered Tracking

Tracking information on people who receive medications or vaccinations during a public health emergency is a necessity. To accomplish this, PHEP relies on 2 main applications. One is the Countermeasure and Response Administration (CRA) program managed by CDC and available to states, it is composed of two systems: Countermeasure Administration Tracking (CAT) and Countermeasure Inventory Tracking (CIT). Wyoming currently has CRA installed in both online and offline versions, and is available to assist our public health partners during an emergency.

The Wyoming Immunization Registry is the second system. PHEP partners with the WDH Immunization Program, which maintains the statewide immunization registry. The immunization registry is installed in all (23) county public health offices; all school districts (including those on the Wind River Reservation); (481) schools; (134) school nurses offices; (170) private physician clinics and (45) private physician offices.

COMMUNICATIONS AND SITUATIONAL AWARENESS

PHEP maintains a multi-use Emergency Operations and Communications Center (EOCC) focused on the coordination of resources, and the tracking of emergency events and response activities.

The EOCC utilizes a variety of electronic resources to accomplish its purpose to aid and facilitate local entities in coping with emergency public health issues that exceed/overwhelm local resources. Subject matter experts within the WDH provide technical expertise to an emergency event coordinated through the EOCC.

The EOCC coordinates and facilitates the search and deployment of resources and other emergency response activities between local, State, Federal and private entities. Partners include the Wyoming Office of Homeland Security, National Guard, law enforcement, executive and administrative leadership for the State. The center facilitates the deployment of Strategic National Stockpile (SNS) and other medical materials, personnel and other resources to an emergency site and will track the incident response, etc.

Staffing of the EOCC includes trained WDH employees, personnel from local, federal and private emergency response groups and subject matter experts. Work station assignments may include dedicated land line, cell and satellite phone, computer and FAX/printing terminals, a variety of commercial and amateur radio communication equipment, active video, and mapping stations to verify deployment of resource to local and distant sites within the State.

Communication interoperability is paramount and supported by a configuration of local resources and new statewide VHF linked two way voice radio systems. Redundancy and testing of equipment include call down of critical/essential personnel using the above communication systems at least once each quarter. Emergency relocation sites are selected to facilitate emergency jump business sites to accommodate continued critical/essential business operations. Back up communication equipment is secured and stationed in alternate sites for rapid access and deployment. Telephone systems in the EOCC are on a call down pool backed up by automated voice recording capability and automatic forwarding to a select cadre of WDH personnel monitoring for 24/7 notification of a call for assistance.

The EOCC is managed by a designated manager, deputy manager and select personnel assigned to computer/phone and radio stations with 24/7 operation accomplished by identification and assignment of a cadre of staff from WDH Divisions, Agencies and Programs.

The Virtual Situational Awareness Tool (VSAT) and Laboratory Situational Awareness Tool (LSAT) are WDH implemented Microsoft SharePoint sites which securely extend collaboration to our internal partners and stakeholders. It provides valuable event logging capability to our EOCC. Windows SharePoint Services provides team services including such IT resources as portals, team workspaces, email, presence awareness, and Web-based conferencing, and enables users to locate distributed information quickly and efficiently. The VSAT was deployed for PHEP and was used as the template for the LSAT during the H1N1 event. In the last year we have deployed additional SharePoint sites to support electronic lab reporting, 24/7 emergency response line, lab information system upgrade and Infectious Disease Epidemiology Program.

The virtual call center is an on-demand software solution which routes calls based on skill set and was the platform for our Public Hotline for H1N1 information. Calls can be routed anywhere there is a telephone line or Internet connection, which provides for social distancing of hotline specialists, and geographical dispersion of calls if necessary. Capacity can expand and contract as needed, and the vendor provides redundant call centers for disaster recovery with 99.99% availability Service Level Agreement. New or additional toll free numbers can be

deployed in minutes (the H1N1 toll free number was provisioned in less than five minutes). There are no upfront hardware costs, and the technology is updated automatically at no cost to Wyoming.

Notifications and Health Alert Network

PHEP has the responsibility of notifying public health partners and stakeholders of actual and potential events (manmade and natural) which could affect the health of Wyoming citizens. This is accomplished through the Wyoming Health Alert Network (WyHAN), a role-based notification system that allows access and permissions to be set regardless of the individual in that role. Notifications can now be sent via email, cell phone, pager, landline, and SMS text messaging. A role can have one or more people and a person can be in more than one role.

PHEP maintains a secure web portal for access to the Wyoming Alert and Response Network (WARN). The WyHAN is the alerting component of WARN. Alerts are posted on the website as well as other emergency information.

When a public health alert is initiated, the target recipients are identified. This can be a statewide alert to all recipients, a region, a county, a specific role, or an individual. The recipient on the devices listed in a self-maintained profile will receive the alert. People in WyHAN set up their own contact information and are responsible to keep it updated. Security requirements include changing passwords on a regular basis.

Acknowledging receipt of an alert is required. Acknowledging the alert indicates to the sender that the recipient has received the alert and can/will take the requested action. Alerts that are not acknowledged may require the alert to be resent or some other follow-up action.

Other agencies needing to send notifications/alerts to specific individuals or groups are beginning to utilize the communications capabilities of WyHAN. In Wyoming, the Division of Criminal Investigation, within the Attorney General's office, uses WyHAN to send out Amber Alerts statewide to law enforcement agencies and news outlets. The Wyoming National Guard is currently testing the feasibility of using WyHAN to notify their members of a call-up for activation.

TRAINING AND EXERCISE

Wyoming Department of Health Exercise and Evaluation Program

The Wyoming Department of Health Exercise and Evaluation Program is designed to enhance the All Hazard response capabilities and to support the strategic objectives of the WDH, Wyoming Office of Homeland Security (WOHS), US Health and Human Services and the CDC.

The goal is to enhance WDH's ability to prevent and respond to all hazards. This is achieved through a fully integrated program of assistance to state and local public health responders for specialized equipment, training, technical assistance, and exercise support.

The Exercise and Evaluation Program is based upon the Homeland Security Exercise and Evaluation Program (HSEEP) doctrine, which is implementation of a threat and performance-based exercise program that includes a cycle, mix, and range of exercise activities of varying degrees of complexity and interaction. Exercises will assess performance of public health tasks under specified conditions and against objectively verifiable performance standards based on proficiency, demonstration and evaluation. These will be followed by applying the results strategically and operationally.

Exercise Highlights for 2009-2010:

- Coordination with Wyoming Office of Homeland Security to develop a state level Exercise Coordinators Workgroup which includes: Wyoming Office of Homeland Security, WDH, Wyoming Military Department, Wyoming Livestock Board, Wyoming CIO's Office (A&I) and F.E. Warren Air Force Base.
- National level tabletop exercise Wyoming Anthrax Response Exercise Series (ARES)
- State level Functional Exercise Wyoming Anthrax Response Exercise Series (ARES)
- Novel H1N1 Influenza Pandemic After Action and Improvement Planning Conference
- WDH Continuity of Operations Exercise Series (COOPES) included tabletop exercises and drills
- State level tabletop exercise on Medical Supplies Distribution During Severe Road and Weather Conditions Tabletop Exercise
- County Health Officer tabletop exercise on Communications During a Pandemic

Training

Training and education play a vital role in preparing for public health emergencies and disasters. Our short and long-term goals are to provide preparedness education and training and identify educational resources for public health employees, medical professionals and the general public.

During 2009-2010 a wide variety of training was offered to WDH employees, PHEP personnel and other state, local and tribal partners. Over 220 Courses were provided through the Learning Management System (LMS) WY-TRAIN, with over 445 learners participating in training opportunities. Training was conducted through live events, webinars, and online courses.

Training highlights for 2009-2010 include:

- Summer Institute at the Northwest Center for Public Health
- Regional Institute for Health and Environmental Leadership's (RIHEL) Advanced Leadership Training Program (ALTP).
- NIMS/ICS Training
- . CHEMPAK
- HSEEP: Training and Exercise Planning Workshop
- WyoLink Interoperable Communications
- Learning Management System Administrator/Course Manager Training
- Participation in Northwest Center for Public Health Hot Topics
- Extensive training on the 3 WARN components (WyHAN, WYeROLL, and Wyoming Hospital Bed Tracking System)
- PHEP coordinates and collaborates with other WDH programs and state agencies to benefit from the use of WY-TRAIN for their training records and needs (including Public Health Nursing, the Wyoming National Guard, WDH Human Resources, Medicaid, Hospital Preparedness Program, Mental Health and Substance Abuse Division, Public Health Lab).

EPIDEMIOLOGY AND SURVEILLANCE

PHEP Epidemiologists work closely with the Infectious Disease Epidemiology Program (IDEP) and are responsible for investigations of bioterrorism agents (Anthrax, Plague, Tularemia, Brucellosis, and Q fever), many of which are endemic in Wyoming, and assist with outbreak investigations, pandemic influenza response, and fieldwork for investigation purposes. They also work with IDEP and the Wyoming Public Health Laboratory (WPHL) on suspicious powder response.

The surveillance systems that PHEP Epidemiologists utilize include NEDSS, EpiCenter, BioSense, National Retail Data Monitoring System, Nebraska Regional Poison Control, and the Outbreak Management System. The National Electronic Disease Surveillance System (NEDSS) is an Internet-based infrastructure for public health surveillance and data exchange. Fax and telephonic reports of BT agents, vaccine preventable diseases, food and water-borne diseases, some vector-borne and zoonotic diseases are entered into NEDSS. WDH receives electronic lab reports from Mayo labs, LabCorp, and WPHL into NEDSS. EpiCenter is a syndromic surveillance system housed by Health Monitoring Systems (HMS) which analyzes hospital emergency room data from 9 of Wyoming's largest hospitals. Over the past year, the EpiCenter contract has been expanded to include increased information regarding influenza hospitalizations and discharge dispositions. BioSense is a syndromic surveillance system managed by CDC that provides Wyoming data from 1 Department of Defense (DOD) facility, 9 Veteran's Affairs (VA) facilities, 3 hospitals, 19 laboratories, and 107 pharmacies (prescription based). The National Retail Data Monitoring System (NRDMS), managed by the University of Pittsburgh, Real-Time Outbreak and Disease Surveillance Laboratory (RODS), is a tool that collects and analyzes daily sales of select Over-the-Counter (OTC) medications and products from pharmacy retailers nationally. Currently, 72 Wyoming pharmacies participate in the system and provide daily surveillance data to the NRDMS. The Nebraska Regional Poison Center (NRPC) operates 24 hours a day, seven days per week, and is staffed by a certified team of registered nurses and physicians. The NRPC sends daily human surveillance reports and weekly animal disease/event logs to the WDH State Epidemiologist and the WDH Public Health Veterinarian for analysis. During 2009, NRPC received 9,758 calls from Wyoming for the following reasons: 6,091 human poisonings, 237 animal poisonings, and 3,430 poison or drug information requests. Complete data on 2010 calls has not been compiled yet. The Outbreak Management System (OMS) is a CDC program used by PHEP and IDEP to enhance the capability of gathering and maintaining data during an outbreak or pandemic.

PHEP Epidemiology also maintains systems that assist with notification and information exchange during an event that requires a rapid epidemiology response. These systems are Epidemic Information Exchange Program (Epi-X) and the Public Health Emergency Response Line. Epi-X is a secure CDC system, which is designed to rapidly notify public health officials of outbreaks and other acute health events including terrorism as they are identified and investigated. Wyoming Epi-X members receive daily sensitive national and/or international disease reports and event messages from the CDC. Currently, 29 Wyoming health officials have access to the system. The 24/7 Public Health Emergency Response Hotline (# 888-996-9104) was established for agency, interagency response partners and Wyoming citizens to contact the WDH in a public health emergency. The hotline is staffed on a rotating basis by PHEP and IDEP Epidemiologists who take week long 24/7 "Duty Epidemiologist" shifts. In August 2009, the WDH started using the virtual call center to manage calls to the public health emergency response hotline and provide surge capacity during public health emergencies. The virtual call center is a computer based system that transfers the calls instead of a switchboard operator. There were 127 calls to the hotline from January 1, 2010 through July 1, 2010.

WYOMING PUBLIC HEALTH LABORATORY

The Wyoming Public Health Laboratory (WPHL) is always looking for ways to improve performance and testing capabilities in order to rise to the needs of the state's residents. Not only have improvements been made in the main laboratory, but also in the Select Agent lab.

Molecular testing for emerging diseases, Virology, Serology, Microbiology, Sexually Transmitted Disease Testing, Pulse Field Gel Electrophoresis (PFGE), and Tuberculosis Testing take place within the main laboratory. The PFGE laboratory is partially funded by PHEP funding from CDC. As part of this laboratory's responsibilities, the PFGE lab is linked globally through the PulseNet network, tracking and reporting food borne diseases and outbreaks.

The WPHL has converted from a mainly paper based logging and reporting system to an electronic laboratory information management system (LIMS). This move has allowed the laboratory as a whole to have a central repository for accessioning, test results, quality assurance and control data, historical queries and sample reporting. Through this system WPHL can offer electronic laboratory reporting (ELR) via HL7 protocols as well as the continued paper reporting for those who cannot receive an ELR. Currently, WPHL is utilizing Version 9 of the STARLIMS Laboratory Information Management System. Within the near future, the lab will be upgrading to Version 10, which will move the LIMS from an application based system to a web based system. This new platform will expand STARLIMS's ability to integrate seamlessly with other systems as well as leverage XML and other advanced internet technologies.

The Novel H1N1 Influenza Pandemic, 2009-10, helped to identify areas for improvement within the testing system; mainly bottle necks within accessioning and preparation of samples. To address these, additional DNA extraction instruments have been purchased with federal funds to improve processing of samples in the Virology, Molecular, and Select Agent laboratories. The ability of our LIMS to send ELR's will help with the speed at which sample results can be sent to our public health partners.

WPHL's Select Agent lab, the Bioterrorism Response Laboratory (BRL), continually works to be prepared for the next public health threat by maintaining appropriate levels of supplies and honing testing capabilities within the BRL. The BRL staff successfully participated in mandatory proficiency testing through the Laboratory Response Network. CDC mandated policies and procedures are reviewed and maintained in order to be utilizing the current methods during emergency events. Currently the BRL is approved to work with *Bacillus anthracis*, *Francisella tularensis*, *Yersinia pestis*, and *Brucella* species. The toxin, Ricin, is also on the testing menu.

The BRL staff work closely with the 1st Responder community, educating them on the BRL capabilities during an event, and how to appropriately collect and submit unknown environmental samples for testing. The lab staff also works closely with the clinical labs, building a strong statewide laboratory network for the population we serve.

The WPHL has moved into a new facility and is jointly located with the Department of Environmental Quality laboratory, and the Division of Criminal Investigation (DCI). The new facility is called Wyoming Combined Laboratories Facility. Of course, a new facility is a great improvement over our current facilities, which were built in the early 70's. Our new facility has a footprint of 110,000 square feet. Wyoming's PHL, including the Bioterrorism Response Laboratory, will occupy approximately 30% of the new lab. Combined Laboratories Facility has been built on the east edge of Cheyenne with lots of open spaces and room to grow.

Combined Laboratories Facility most notable improvements are a state of the art security system, a built-in decontamination system, a new biosafety level 3 lab for the BRL, which can be used as a shower out facility if needed, and a new Training Lab with wet lab capabilities.

WIND RIVER ALL HAZARDS STEERING COMMITTEE

PHEP actively invests public health emergency preparedness funds and staff to maintain a strong partnership with Wyoming's Northern Arapaho and Eastern Shoshone tribes on the Wind River Indian Reservation (WRIR).

WDH Public Health Emergency Preparedness and/or Hospital Preparedness programs have provided funding to the Northern Arapaho and Eastern Shoshone tribes through contracts to improve tribal public health preparedness capacity and capabilities. The contracts, in addition to providing funding, have empowered tribal and non-tribal and community stakeholders to meet regularly, set mutual preparedness priorities, and procure necessary equipment and training and plan jointly.

To set a foundation for addressing tribal preparedness needs, WDH, tribal and county leaders began meeting on WRIR in 2006, and a planning forum soon took shape that was named the WRIR All Hazards Steering Committee to emphasize the nationwide approach among public health and safety partners for emergency planning and response. The Committee set priority activities through a series of training needs assessments and by following Wyoming counties' activities for meeting CDC preparedness requirements.

The All Hazards Committee has continued to meet monthly to bi-monthly on WRIR, welcoming participation by all interested community stakeholders. A PHEP representative facilitates the meetings. A partial list of regular meeting participants include: Tribal Health Directors; the Tribal Emergency Manager; the Tribal Government Liaisons; the county Public Health Nursing Supervisor; the County Public Health Response Coordinator; the County Emergency Manager; the Bureau of Indian Affairs Wildland Fire Chief and Superintendent; the Indian Health Service Unit Director of Community Health; the Indian Health Service Chief Executive Officer; the local Community Health Clinic Director; and the WY/MT Tribal Leaders Council Epidemiology Center.

The All Hazards Steering Committee has become recognized as a solid tribal/local/state partnership for public health preparedness planning, coordination, and capacity building. During the past 4 years including over 30 meetings, the Eastern Shoshone and Northern tribal government have continued to entrust the Committee, which is consistently 15-20 members strong at each meeting, to set and fund tribal preparedness priorities. Currently, the Committee's focus is to build on past foundational activities that included equipment purchases, many training classes, creation of draft tribal public health policy, creation and staffing of public health preparedness positions, and set a new course of more detailed, intensive interagency planning and exercising.

COUNTY PUBLIC HEALTH RESPONSE COORDINATORS

The Public Health Response Coordinators (PHRC) program was established in 2004. The program is a joint venture between PHEP and Public Health Nursing that assures seamless planning between the state and county agencies. The placement of a PHRC in county offices serves to coordinate those efforts.

The mission of the PHRC is to prevent and mitigate illness and injuries, and to protect the lives, property and environment of Wyoming citizens through the public health principles of education, preparedness planning, training, and disease surveillance.

The position is responsible for establishing the county Public Health Emergency Response Plan and coordinating that plan with other county agencies. The PHRC assures that PH staff is

knowledgeable and prepared to respond to natural disasters, bioterrorism, and other events.

Significant gains have been made for local emergency preparedness and disaster response, mitigation and recovery, including smallpox planning, white powder/suspicious substance response, Strategic National Stockpile planning, Personal Protective Equipment (PPE) stockpiles, OSHA compliant Respiratory Fit Testing program for Public Health Staff, Radios, and rapid notification capabilities with the WyHAN and WyoLink Talk Groups. County Public Health Agencies routinely exercise Mass Vaccination Clinics, Communication Drills, and training with PPE. Pandemic preparedness has included the use of portable refrigeration and exportable clinic capabilities. Through PHEP contracts with each county public health agency the following are deliverables for the budget year:

- Annually review and update public health and county plans, assure National Incident Management System (NIMS) compliance of plans
- Coordinate with county partners on planning efforts for at risk, special needs populations and those unable to self evacuate
- Annually submit county SNS related plans
- Read, watch and review the CDC 'Radiological Terrorism: A Tool Kit for Public Health Officials'
- Training to include Incident Command System (ICS), smallpox training, Homeland Security Exercise and Evaluation Program, and various other continuing education requirements
- Update and maintenance of a county personal protective equipment inventory
- Use of WARN WyHAN for alerting of county partners
- Completion of exercises and after action report/improvement action plans
- Completion of quarterly fiscal and progress reports

THE REGIONAL PUBLIC HEALTH VETERINARIAN COORDINATOR PROGRAM AND ANIMAL DISASTER PREPAREDNESS

The Regional Public Health Veterinarian Coordinator Program is responsible for early detection of animal diseases or other adverse health events in animals that could threaten public health or safety, including confirmed or suspected zoonotic diseases. The seven Regional Veterinary Coordinators (RVCs) conduct active surveillance each week among the veterinary clinics in their regions. Diseases that are common to both humans and animals but are not transmitted between the two populations are also reported. Surveillance is also conducted for environmental exposures, poisonings, undiagnosed illness syndromes, wild animal die-offs, and injuries. Information collected by the RVCs is reported to the state public health veterinarian and staff who compile this information into weekly, monthly and yearly summaries. The summaries are widely distributed throughout the state and are also available at the PHEP website at http://wdh.state.wy.us/sho/hazards/wrvc.html.

Examples of the types of information collected by the surveillance program from August 2009 to August of 2010 include: information was collected on three bubonic plague cases in cats, a large antelope die-off traced to ingestion of Japanese Yew plants, three equine rabies cases, two rabies cases in cattle, salmonella and campylobacter cases in animals with PFGE matches to human cases, several infant poisonings where a canine acted as a facilitator in opening pill bottles, methicillin resistant *Staphylococcus aureaus* cases in small animals, evidence of plague infections in coyotes, a case of psittacosis in a golden eagle, and a West Nile Virus case in a horse.

The RVCs also routinely assist in field investigations and interventions to prevent the spread of animal diseases; coordinate the veterinary aspects of local planning where there are public health implications including giving informational presentations and trainings to appropriate groups; and serve as a veterinary member on Wyoming Office of Homeland Security Regional Emergency Response Teams. Educational and informative presentations about the Program have been given at Wyoming State Fair, the Winter Meeting of the Wyoming Veterinary Medical Association, and at the Emerging Zoonoses Sentinel Animal Health Surveillance Symposium that was held in Vancouver in November of 2009.

The RVCs have been involved in several animal disaster preparedness activities. One of these activities included a Rift Valley Fever exercise seminar that was held in Thermopolis in February of 2010 and a Rift Valley Fever exercise workshop that was held in the same town in March of 2010. The seminar and workshops were designed and intended to initiate a multi-agency, multi-jurisdictional response to a simulated animal disease emergency with zoonotic implications. During the workshop, participants demonstrated the capability of agencies to implement the plans, procedures, and resources necessary to mitigate the effects of a Rift Valley Fever outbreak in animals and humans, within the framework of the National Incident Management System. During the workshop, agencies identified interdependencies, relationships, and strengths as well as gaps in communication, coordination and planning. An after action report was created and will allow agencies to enhance their ability to address an animal disease emergency.

The Program continues to facilitate training in animal disaster preparedness and response for volunteers. A WMD Awareness Level Training (AWR 160) class was given to volunteering veterinarians in conjunction with the Summer Meeting of the Wyoming Veterinary Medical Association. RVCs also participated in training for Wyoming brand inspectors participating in the Wyoming Livestock Disease Emergency Response (WYLDER) initiative. Volunteers continue to be enrolled in the Wyoming Veterinary Reserve Corps portion of the volunteer registry (WYeROLL).

PHEP COLLABORATES WITH HOSPITAL PREPAREDNESS PROGRAM

The Hospital Preparedness Program (HPP) receives funding from the US Department of Health and Human Services, Assistant Secretary for Preparedness and Response. This funding is primarily targeted to preparedness for hospitals, EMS, and skilled nursing facilities. PHEP and HPP closely coordinate on many requirements to ensure the best preparedness for Wyoming, to decrease duplication and increase the collaboration that occurs at the local level between hospitals, EMS and public health. Extensive collaboration occurs on mass fatality planning, various SNS activities, tribal public health and medical activities, exercises, training, clinical laboratory preparedness, pandemic influenza, and smallpox planning with the following projects described in detail:

Volunteer Registry

The Wyoming Volunteer Registry, "WYeROLL—Wyoming Enrollment, Response, Operations, Logistics, Let's Enroll", system provides a statewide web-based volunteer registry system for medical and non-medical volunteers. WYeROLL is funded and maintained by HPP. Our intent is to register, notify, and inform individuals who are interested in volunteering their time and skills in the event of a public health or medical emergency. This site can also be used to register and notify other partners, including private industry in the event of an emergency. Registering takes approximately 15-20 minutes. Additional features of the site include volunteer group-specific web pages with news, announcements and information/resources available. PHEP and HPP collaborate on the training, marketing and administration of WYeROLL.

Hospital Bed Tracking

The Wyoming Bed Tracking System, also maintained by HPP, is a system which enables hospitals to report hospital bed availability, number of ventilators available, staff available and number of isolation rooms available. Every hospital within Wyoming (28), including the 2 Veteran Affairs Medical Centers, has the ability to report real time data which is critical to the development of medical surge capability plans. The system can also collect numbers of patients with pneumonia, influenza like illness, or other customized symptoms, and during the grant period it will be used to collect this data. During the H1N1 outbreak, the system was configured to collect numbers of patients with pneumonia and influenza like illness, which provided additional data to PHEP and IDEP epidemiologists.

Planning for those 'Unable to Self Evacuate' (UTSE)

WDH partners with the Wyoming Institute for Disabilities (WIND) to help facilitate emergency planning for people with disabilities and others with functional and access needs in communities throughout Wyoming. HPP and PHEP are members of the Unable To Self Evacuate (UTSE) Core Advisory Group which includes members from Laramie County Emergency Management, WIND, Wyoming Independent Living Rehabilitation, Wyoming Office of Homeland Security, Albany County Public Health and consumers. A strategic plan has been developed that includes the following goals:

- Inclusion of people UTSE in disaster planning and scenarios in all counties
- All people with disabilities in Wyoming will have personal and individualized emergency plans
- All counties will have fully accessible shelters for people UTSE
- All counties will have provisions (DME and service animals) to support requirements of ADA Chapter 7
- All hospitals will have plans and procedures established to meet the needs of people UTSE

Multiple resources for those UTSE, first responders, service providers, employers, and planners have been developed and are available at

http://www.uwyo.edu/wind/info resources/utse resources.html.

The Core Advisory Group also developed a 'go bag' specifically for UTSE and is working with WDH and Wyoming Independent Living Rehabilitation to distribute bags. A statewide UTSE Conference was held in Laramie, WY in August 2009 with 123 people attending from 19 counties. Community meetings involving local planners, service providers and those UTSE have occurred in 10 counties and are planned for other counties.

Joint Advisory Committee

PHEP and HPP utilize a joint advisory committee, WDH Emergency Preparedness Advisory Committee, to obtain objective input and guidance on activities. There are 2 meetings per year which occur in different areas of the state. Over the last 3-4 years the committee meetings have been moving to different locations in each of the 7 Wyoming Office of Homeland Security Regional Emergency Response regions. At each meeting we have presentations and occasionally tours from local and regional partners to provide the committee with information on the broad range of emergency preparedness activities that are occurring with HPP, PHEP and Office of Homeland Security funding in Wyoming. The 2 meetings during this budget year occurred in Riverton, September 2009 and Evanston, April 2010.

PUBLIC HEALTH EMERGENCY PREPAREDNESS PROGRAM CONTACTS

Angela Van Houten

Manager

Phone: 307-777-5778

Angie.vanhouten@health.wyo.gov

Roger Burr

Planning Supervisor Phone: 307-777-6013

Roger.burr@health.wyo.gov

Shawna Dereemer

Lab Preparedness Supervisor

Phone: 307-777-3735

Shawna.dereemer@health.wyo.gov

Sheryl Roub

Emergency Preparedness Supervisor

Phone: 307-777-7146

Sheryl.roub@health.wyo.gov

James Smith

Training & Exercise Supervisor

Phone: 307-777-6777

James.smith5@health.wyo.gov

WEBSITES

Wyoming Department of Health http://www.health.wyo.gov/

Public Health Emergency Preparedness Program http://www.health.wyo.gov/sho/hazards/index.html